

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

26608

1. PLACE OF DEATH

County Jackson
Township Law
City N. E. Mo.

Registration District No. 389

Primary Registration District No. 1000

File No. 3359

Registered No. 3359

St. Mo. Ward

2. FULL NAME

(a) Residence, No. 1904 College St. Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James R. Ailshire

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-25-1865

7. AGE YEARS 68 MONTHS 2 DAYS 25 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

13. NAME Lyman B. King

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Mary Newkirk

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT Jack Ailshire

(ADDRESS) 1904 College, Ave

18. BURIAL, CREMATION, OR REMOVAL St. Mary's

PLACE St. Mary's DATE 8-23-33

19. UNDERTAKER Mrs. P. L. Lorate

(ADDRESS) 1918 Brooklyn

20. FILED 23, 1933 M. M. Crane

Registrar.

7 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-21-1933

22. I HEREBY CERTIFY, That I attended deceased from Jan-1-1932 to Aug 21-1933

I last saw her alive on Aug 21-1933 Death is said to have occurred on the date stated above, at 11 PM

The principal cause of death and related causes of importance were as follows:

Acute Cardiac Dilatation Date of onset Aug 21

Chronic Mitral insufficiency Date Dec 1931

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) C. J. McCormick, M. D.

(Address) 2602 East 15. Kansas City, Mo.

15 Prospect

3pm